PTO/SE/06 (08-03)
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5				N RECORD	Information unless it displays a valid QMB control number. Application or Opclet Number 07/70 2/56						
		CLAIMS AS	S FILED - stumn 1)	- PART I	SMALL ENTITY		OTHER THAN OR SMALL ENTITY				
l	FOR	NUM	MUMBER FILED		ER EXTRA	RATE	FEE		RATE	FEE	
	C FEE FR 1.15(a))					1		OR			
TOTAL CLAIMS		AL	Off minus 20 a			1	-				
(ST CFR 1.16(d) DIDEPENDENT CLAIMS		45			/	×3		OR	×		
8	OFR 1.16(b))		e curim			×		OR	× 8		
MU	TIPLE DEPENDE	NT CLAIM PRESE	NT (3	7 CFR 1.16(d)] <u> ••</u> -		OR	+3=			
" If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL	355	OR	TOTAL		
	C	LAIMS AS AN	AENDED	- PART II							
a H/ (Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
٦	77	CLAIMS	T	HIGHEST	1	1		l			
AMENDMENT /	, ,	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
園	TOLE (DJ CFR 1.18(d)	19	Minus	20		X 5 -	P	OR	X 8=		
	tridependent (DFR 1,USA))	. 3	Minus	13	-	X 8 =		OR			
AM	FIRST PRESENT	ATION OF MILE TIP	LE DEPENDE	INT CLANE OF U	R 1 16(0)	1		OR			
Table Freezentinian at the control of the control o						TOTAL			TOTAL		
A.NE (Column 1) (Column 2) (Column 3)						ADD'L FEE	L	OR	ADD'L FEE	L	
۲	1	(Column 1) CLAIMS	T	(Cotumn 2) HIGHLST	(Column 3)	· ·	r——	١,			
5	9/09/2	REMAINING AFTER AMENDMENT		PREVIOUS Y PAID For	PRESE IT	RATE	ADDI- TIONAL FEE	`	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total profession	. 19	Minus	20	-	x = Z =		OR	x s		
Ž	Independent (17 CFR 1,160-3)	. 3	Minus	(5)	-	X 5 =		OR	x		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (41 h 1.16(4))					+1 2		OR	+5		
Don't (Reg tol Kecon)						ADD'L FEE	<u> </u>	OR	ADD'L FEE		
	7///////	(Column 1)	V	(Column 2)	(Column 3)	, <u> </u>	Υ	, \'		\leftarrow	
S F	3/09/0	REMAINING AFTER AMENDMENT		NU. 11. PREV PAID	P.L EX:t	RATE	ADDI- TIONAL FEE	`	RATE	ADOI- TIONAL FEE	
AMENDMENT	Total groFR 1.18(13)	. 19	Minus	20	0	x :		OR	x 5		
Ϊ	tridependent (37 CFR 1,16(pt)	.3	Minus	" 3		x so		OR	x sa		
₹	FIRST PRESEN	FATION OF MULTII	PLE DEPENDI	ENLOYIN (2)	1.18(4),	+5=		OR	+ 8 =-		
Γ						TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE		
• If the entry in column 1 is less than the entry in column 2, ente 10° in selection 3.											
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늗		tumber Previous! rmation is requir			st number found in the appropriate box in column 1.						
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includ	fing gathering, pr	repairing, and suit you require to co	mitting the c	completed applica-	ىلى بىلامانى. ئىچىيىد		ISPTO, Time will vary depending upon the individual case, Any comments no this burden, should be sent to the Chief Information Officer, U.S. Petent				
and 1	redemark Office	U.S. Department: Commissions	st of Comme	rce, P.O. Box	A 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS A 22313-1450,						

If you need assistance in cont. An $(a_{ij}) = 1.600$ -P TO-9199 and select option 2.